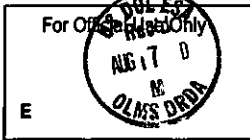


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <b>8975</b>	2 Fiscal Year Covered From  1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing  Name George Galis  P O Box, Bldg, Room No, if any  Street 1750 New York Avenue, N W  City Washington  State District of Columbia ZIP Code +4 20006-5301	4 Name, file number, and address of labor organization  Name International Union of Painters & Allied Trade  Labor Organization File Number 000-035  P O Box, Building and Room Number, if any  Street 1750 New York Avenue, N W  City Washington  State District of Columbia ZIP Code +4 20006-5301
5 Position in labor organization General Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income          7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>George Galis</u>	On <u>8/15/2005</u> 202 637-0700 Date Telephone Number

Name of Person Filing George Galis

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Dickstein Shapiro Morin &amp; Oshinsky LLP

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 2101 L Street, N W

City Washington

State District of Columbia ZIP Code + 4 20037

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Business provides legal services to labor organization

## 11 b Approximate dollar value of such dealing

\$247,276

## 12 a Nature of interest held or income received

Christmas Gift - Bottle of Wine, \$90

## 12 b Amount

\$90

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing George Galis

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Amalgamated Bank of New York

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 11-15 Union Square

City New York

State New York ZIP Code + 4 10003

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Business provides banking services to labor organization

## 11 b Approximate dollar value of such dealing

\$3,228

## 12 a Nature of interest held or income received

4/4/04, Recreational Entertainment 4 X \$240  
12/25/04 Holiday Gift - Blanket \$38 22

## 12 b Amount

\$998

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

## 14 b Amount of payment

Name of Person Filing George Galis

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name Novak/Francellia

Trade Name, if any

P O Box, Bldg, Room No, if any Suite 501

Street Two Bala Plaza

City Bala Cynwyd

State Pennsylvania ZIP Code + 4 19004

**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing**

Business provides accounting services to labor organization

**11 b Approximate dollar value of such dealing**

\$95,777

**12 a Nature of interest held or income received.**

8/4/04, meal, \$36.44

12/13/04, meal, \$81.48

**12 b Amount**

\$118

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**14 a Nature of payment****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Spear, Wilderman, et al

Trade Name, if any

P O Box, Bldg, Room No, if any Suite 1400

Street 230 South Broad Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19102

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Business provides legal services to labor organization.

## 11 b Approximate dollar value of such dealing

\$21,431

## 12 a Nature of interest held or income received

2/7/04, dinner, \$132.84

## 12 b Amount

\$133

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name, if any)

Name Union Privilege

Trade Name, if any

P O Box, Bldg, Room No, if any Suite 300

Street 1125 15th Street, N W

City Washington

State District of Columbia ZIP Code + 4 20005

**9** Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**11 a** Nature of such dealing

Business provides membership services to labor organization

**11 b** Approximate dollar value of such dealing

\$0

**12 a** Nature of interest held or income received

11/18/04, lunch, \$41.49

**12 b** Amount

\$41

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**14 a** Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name The McLaughlin Company

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1725 DeSales Street, N W

City Washington

State District of Columbia ZIP Code + 4 20036

**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing**

Business provides insurance brokerage services to labor organization

**11 b Approximate dollar value of such dealing**

\$250,186

**12 a Nature of interest held or income received**

1/8/04, lunch, \$67 96  
4/21/04, dinner, \$77 31  
7/14/04, lunch, \$36 52  
12/04, gift (poinsettia), \$58

**12 b Amount**

\$240

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**14 a Nature of payment**13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Kelly Press, Inc.

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1701 Cabin Branch Drive

City Cheverly

State Maryland

ZIP Code + 4 20785

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Business provides printing services and materials to labor organization In 2004, provided convention services

## 11 b Approximate dollar value of such dealing

\$1,570,879

## 12 a Nature of interest held or income received

1/14/04, lunch, \$128 30  
3/28/04, dinner, \$33 92  
6/5/04, dinner, \$40 06  
10/8/04, dinner, \$52 03  
11/25/04, gift (turkey), \$33.50  
12/25/04, gift (turkey), \$33.50

## 12 b Amount

\$320

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant  
(including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment



Name of Person Filing George Galis

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name Jennings Sigmond

Trade Name, if any

P O Box, Bldg, Room No, if any 16th Floor

Street 510 Walnut Street

City Philadelphia

State Pennsylvania

ZIP Code + 4 19106-3683

**9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia

ZIP Code + 4 20006

**11 a Nature of such dealing**

Business provides legal services to affiliated pension fund

Filer is a trustee

**11 b Approximate dollar value of such dealing**

\$450,449

**12 a Nature of interest held or income received**

Christmas Present - Sweets Basket

**12 b Amount**

\$200

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

**14 a Nature of payment****13 b Is the Business an Employer** ☐or Consultant ☐

?

**14 b Amount of payment**

Name of Person Filing <u>George Galis</u>	File Number U-
---	----------------

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name, if any)</b> Name <u>IUPAT Industry Pension Fund</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street <u>1750 New York Avenue, N W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <u>Affiliated Pension Fund - dealing consists of shared costs.</u>  <u>Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund</u>
	<b>11 b Approximate dollar value of such dealing</b> <span style="float: right;"><u>\$839,191</u></span>
	<b>12 a Nature of interest held or income received</b> <u>1/21/04, meal, \$48 67</u> <u>1/30/04, meal, \$93 80</u> <u>2/4/04, meal, \$88 57</u> <u>3/28/04, meal, \$95 84</u> <u>5/13/04, meal, \$138 97</u> <u>6/30/04, meal, \$55 05</u> <u>9/11/04, meal, \$107 21</u>
	<b>12 b Amount</b> <span style="float: right;"><u>\$6281</u></span>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b> Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment</b> <span style="float: right;"><div style="border: 1px solid black; width: 100px; height: 20px;"></div></span>

Name of Person Filing George Galis

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W.

City Washington

State District of Columbia ZIP Code + 4 20006

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Affiliated Pension Fund - dealing consists of shared costs

Filer is a trustee. All payments are in connection with expenses incurred on behalf of the fund

## 11 b Approximate dollar value of such dealing

\$839,191

## 12 a Nature of interest held or income received

10/13/04, meal, \$56.70

11/3/04, meal, \$213.75

1/26/04, meal, \$222 03

## 12 b Amount

\$492

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing **George Galis**

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**Name IUPAT Industry Pension Fund

Trade Name, if any \_\_\_\_\_

P O Box, Bldg, Room No, if any \_\_\_\_\_

Street 1750 New York Avenue, N.WCity WashingtonState District of Columbia ZIP Code + 4 20006**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name \_\_\_\_\_

Trade Name, if any \_\_\_\_\_

P O Box, Bldg, Room No, if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11 a Nature of such dealing**Affiliated Pension Fund - dealing consists of shared costs.Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund**11 b Approximate dollar value of such dealing**\$839,191**12 a Nature of interest held or income received**Paid directly to hotel(s) for meals1/25/04, meal, \$28 471/27/04, meal, \$167 179/13/04, meal, \$71 34**12 b Amount**\$267

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name \_\_\_\_\_

Trade Name, if any \_\_\_\_\_

P O Box, Bldg, Room No, if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**14 a Nature of payment****13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?****14 b Amount of payment**

Name of Person Filing <u>George Galis</u>	File Number <u>U-</u>
---	-----------------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b>  Name <u>IUPAT Industry Pension Fund</u>  Trade Name, if any _____  P O Box, Bldg , Room No , if any _____  Street <u>1750 New York Avenue, N W</u>  City <u>Washington</u>  State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	<b>9 Business deals with</b>  <input checked="" type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name _____  Trade Name, if any _____  P O Box, Bldg , Room No , if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <u>Affiliated Pension Fund - dealing consists of shared costs.</u>  <u>Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund</u>  <hr/> <b>11 b Approximate dollar value of such dealing</b> <span style="float: right;"><u>\$839,191</u></span>  <b>12 a Nature of interest held or income received</b> <u>Paid directly to hotel(s) for lodging</u> <u>1/25-1/30, 6 nights, \$2830 50</u> <u>5/10-5/14, 5 nights, \$802 70</u> <u>9/12-9/14, 3 nights, \$511 50</u>  <hr/> <b>12 b Amount</b> <span style="float: right;"><u>\$4,145</u></span>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name _____  Trade Name, if any _____  P O Box, Bldg , Room No , if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment</b> <span style="float: right;"><div style="border: 1px solid black; width: 150px; height: 20px;"></div></span>

Name of Person Filing <u>George Galis</u>	File Number <u>U-</u>
---	-----------------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b> Name <u>Harbaugh Hotel Management Company</u> Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street <u>1600 North Indian Canyon Drive</u> City <u>Palm Springs</u> State <u>California</u> ZIP Code + 4 <u>92262</u>	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name <u>IUPAT Industry Pension Fund</u> Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street <u>1750 New York Avenue, N W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	<b>11 a Nature of such dealing</b> <u>Business provides hotel services to affiliated pension fund</u> <hr/> <b>11 b Approximate dollar value of such dealing</b> <u>\$4,432</u> <hr/> <b>12 a Nature of interest held or income received</b> <u>5/10/04, hospitality comp refreshments, \$56</u> <u>Filer is a trustee</u> <hr/> <b>12 b Amount</b> <u>\$56</u>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b> Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment</b> <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name IUPAT Joint Apprenticeship Training Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N.W

City Washington

State District of Columbia ZIP Code + 4 20006

**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

**11 a Nature of such dealing**

Affiliated apprenticeship fund - dealing consists of shared costs

**11 b Approximate dollar value of such dealing**

\$271,319

**12 a Nature of interest held or income received**

2/5/04, meal, \$35 20  
 2/5/04, meal, \$238 40  
 2/6/04, meal, \$32 42  
 2/6/04, meal, \$31 58  
 2/7/04, meal, \$28 73  
 2/7/04, meal, \$41 20  
 2/7/04, meal, \$58 54

**12 b Amount**

\$466

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

**14 a Nature of payment**13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment**

Name of Person Filing **George Galis**File Number **U-**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8 Name and address of Business (including trade name, if any)**Name **IUPAT Joint Apprenticeship Training Fund**

Trade Name, if any

P O Box, Bldg, Room No, if any

Street **1750 New York Avenue, N W**City **Washington**State **District of Columbia** ZIP Code + 4 **20006****9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing**

Affiliated apprenticeship fund - dealing consists of shared costs

**11 b Approximate dollar value of such dealing**

\$271,319

**12 a Nature of interest held or income received**

4/26/04, meal, \$36 36

6/24/04, meal, \$57 49

**12 b Amount**

\$104

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**14 a Nature of payment****13 b Is the Business an Employer** ☐ or Consultant ☐ ?**14 b Amount of payment**



Name of Person Filing <b>George Galis</b>	File Number <b>U-</b>
---	-----------------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b>  Name <b>IUPAT Labor Management Cooperation Initiati</b>  Trade Name, if any  P O Box, Bldg , Room No , if any  Street <b>1750 New York Avenue, N W</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>	<b>9 Business deals with</b>  <input checked="" type="checkbox"/> <b>a Labor Organization</b>  <input type="checkbox"/> <b>b Trust</b>  <input type="checkbox"/> <b>c Employer</b>
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State      ZIP Code + 4	<b>11 a Nature of such dealing</b>  <b>Affiliated labor management fund - dealing consists of shared costs</b>  <b>Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund</b>
	<b>11 b Approximate dollar value of such dealing</b> <span style="float: right;"><b>\$226,441</b></span>
	<b>12 a Nature of interest held or income received</b> 2/1-4/04, hotel, \$1420 44 2/1/04, meal, \$171.68 2/2/04, meal, \$41 22 2/3/04, meal, \$35 01 6/23/04, meal, \$87 53 7/10/04, meal, \$168 96
	<b>12 b Amount</b> <span style="float: right;"><b>\$1,925</b></span>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State      ZIP Code + 4	<b>14 a Nature of payment</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment</b>

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name, if any)

Name IUPAT Labor Management Cooperation Initiativ

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W.

City Washington

State District of Columbia ZIP Code + 4 20006

**9** Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**11 a** Nature of such dealing

Affiliated labor management fund - dealing consists of shared costs

Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund.

**11 b** Approximate dollar value of such dealing

\$226,441

**12 a** Nature of interest held or income received

5/13/04, meal, \$119 75

9/10/04, meal, \$51 90

9/10-11/04, hotel, \$446 43

12/17/04, Christmas Gift, \$61 95

**12 b** Amount

\$680

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**14 a** Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.